June 20, 2014

Every renewing institution will be required to complete the CACFP Institution Management Plan for fiscal year 2015 Program renewal. **Every new institution** will be required to complete the CACFP Institution Management Plan as part of the application process. This will become a permanent document on the CNPweb®. Any time there is a significant change, the management plan must be revised. Remember, as part of each year's Program renewal, institutions sign a certification that documents submitted to the State Agency are current and complete, including the management plan.

Before you begin complete the CACFP Institution Management Plan, the sponsor, center and/or provider information sheets must be in pending submission. The information you have in these information sheets will populate the questions that are required in an institution's CACFP Institution Management Plan. If you begin the management plan first, you may miss all of the required information. The information for the questions shown below is for all the questions that can be part of the management plan. You will only see the questions that pertain to your type of organization. The best advice we have is just to answer the question to explain how you do things in your institution. There are really no wrong answers!

All of the questions on the management plan must be answered.   Only question #1 (Institution type) will be populated by the CNPweb®. If you note an error, you must notify State Agency staff to get it corrected.

Please note these two definitions: Multi-Program means the institution operates more than one CACFP types, such as homes and affiliated centers. Multi-Purpose means the institution operates the CACFP in addition to other non-related programs.

The information on the management plan will be completed by:

❍ Radial Buttons: Click on the button to select the response(s) that applies to your institution
☐ Check Boxes: Click on the box to select the response(s) that applies to your institution
⬚ Text Box: For these questions you will have to write something in the box.

Remember, nothing is carved in stone. If you make a mistake you can always fix it. Even after the management plan is approved by the State Agency, institutions always have the capability to revise it. Remember during the approval process, State Agency staff may contact you for clarification about something you submitted.

<u>For assistance with the CACFP budget process, please contact the CACFP Staff:</u>

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Question by Question Notes:

1. The Institution type will be populated by the CNPweb®. If you not an error, you must notify State Agency staff to get it corrected.
2. Choose the term that best describes your organization.
3. Choose the term that best describes your organization. Multi-Program means the institution operates more than one CACFP types, such as homes and affiliated centers. Multi-Purpose means the institution operates the CACFP in addition to other non-related programs.
4. CACFP urges all institutions to help ensure the delivery of benefits to otherwise unserved facilities or participants. How will you accomplish this?
5. What is your institutions proposed geographic area of service? Example, southern Marion County or list several counties where the children live, etc.
6. Who are your participants? Example, children ages 3-5, school age children, adults 65 and older, etc.
7. Will your institution recruit facilities or participants? How will you do that?
8. Does your institution provide non-CACFP services? Example, Head Start, Resource & Referral, etc.
9. What non-CACFP services are provided? Just list them.
10. How does your institution pay for the costs for non-CACFP services? Explain.
11. In this section you will identify all current revenue sources—funds that keep your business going. If you need additional space, click on the **Additional Revenue** box and additional lines will be added.
12. Check the other resources that are available.
13. If CACFP funds were temporarily interrupted, how would your institution continue to operate? You will check all that apply.
14. What funding would your institution use to pay a CACFP overclaim? You will check all that apply.
15. If your institution plans to recruit new homes or centers, enter the estimated number of each or mark N/A.
16. How will your institution manage the additional homes/centers?
17. If you will not recruit, how will you expand and educate the public about the benefits of CACFP. Explain.
18. For the upcoming fiscal year, provide the number of each type of facility you intend to sponsor. Include numbers for all that apply.
19. Answer the question yes or no.
20. You will enter the name of the person who has primary responsibility for each CACFP activity listed. Then, enter the number of **hours per month** that person spends on the activity. Institutions may have a staff member listed more than once. . If you need additional space, click on the **Add Staff** box and additional lines will be added.
21. This section concerns the monitoring staff. Note this applies to centers and homes. On each line, you may only pick center or homes. If a monitor visits both types of facilities, you will use two lines. Enter the name of the monitor and the number of hours per month spent on monitoring homes or centers. The CNPweb® will calculate the total number of monitoring hours per month for homes and for centers

22. Institutions must be able to document required monitor visits to ensure compliance and to demonstrate corrective action follow-up. Explain how this is done for your institution.
23. If monitors are unable or unavailable, explain how your institution will ensure all facilities are monitored as required.
24. Boards are required to meet regularly. How often does your board meet?
25. Enter the information for your institution's Board of Directors. One person's information will be entered on each line. If you need additional space, click on the **Add Members** box and additional lines will be added.
26. Indicate the oversight your Board has for CACFP. Check all that apply.
27. Nothing required
28. Answer yes or no
29. List the name and address of the bank where CACFP funds for your institution are deposited.
30. Check the accounting method used by your institution.
31. Indicate how often your institution records CACFP transactions.
32. Nothing required
33. How does our institution document CACFP expenses?
34. How often does your institution compare CACFP receipts and expenses to the approved budget?
35. Indicate processes your institution uses to ensure that claims are processed accurately.
36. Indicate how a for-profit institution ensures that center eligibility is met.
37. Nothing Required
38. Indicate how your institution maintains its non-profit food service?
39. How does your institution verify that CACFP funds are used as required?
40. Indicate what safeguards are in place to prevent improper use of CACFP funds?
41. Check all purchasing methods used by your institution.
42. Where are CACFP records kept? Who has access to the records besides the CACFP contact person?
43. Nothing Required
44. Answer the question yes or no.
45. Answer the question yes or no.
46. Answer the question yes or no.
47. Answer the question yes or no.
48. List positions of key staff that participate in CACFP food service.
49. Describe training is documented
50. Describe what happens if staff does not attend CACFP training
51. Describe how the FDC sponsor ensure providers receive 6 hours of CACFP training each year
52. What verification is used to make tier I determinations for homes?
53. How do you notify Tier II providers of their options for reimbursement? Explain.
54. How do center sponsors ensure that administrative costs do not exceed the approved budget?
55. A.   Check the box to indicate you will comply with the statements.
    B.   Check the resources you will used to ensure meals meet the CACFP requirements.

56. Check the responses with regard to licensing

57. Check the responses with regard to health and sanitation requirements
58. Check the responses with regard to Civil rights requirements
59. Check the responses with regard to maintaining required records
60. Check the responses with regard to claiming only eligible meals
61. Be sure to check the certification statement.

IF ONE OF THE QUESTIONS DOES NOT APPEAR ON YOUR MANAGEMENT PLAN, IT IS NOT REQUIRED FOR YOUR INSTITUTION.